Marine Corps Educators Workshop Liability Release Form



TRANSPORTATION AGREEMENT NEXT OF KIN RECORD MEDICAL INFORMATION PARTICIPATION RELEASE

Date:	Place:	
Full Name:	Title:	
Permanent Address:		
commercial aircraft to Parri transportation by this and o or about the United States Governme employees and agents from result from this transportati that in transporting me, the for hire and does not bear the voluntarily accept such transunderstand that by acceptin States Government, except	free transportation from the United States Marine Corps, I Island, South Carolina, and return, including such other er means that may be reasonably required, commencing of and ending on or about	n e el, d
Signature:	Witness:	
Name:Phone:Relationship:Address:		
Medications, Physical Lin	tations or Illnesses:	
	n the 'Yellow Footprints' drill and was given the opportun Choose to participateChoose not	

(initials)

(initials)

participate.